06-2101								
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	APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/713,935	10/713,935 11/14/2003		William B. Cone	у	BBNT-P01-084	4796	
TITLE OF INVENTION: WINDSHIELD AND SOUND-BARRIER FOR SEISMIC SENSORS								
	APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE PREV. PAID ISSU	JE FEE TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400	\$0	\$0	\$1400	06/28/2007	
	EXAM	IINER	ART UNIT	CLASS-SUBCLASS	:			
	SAN MARTIN, EDGARDO 2837			181-122000	•	PTCH X	NEAVE IP GROUP	
	<ol> <li>Change of correspond CFR 1.363).</li> <li>Change of corresp</li> </ol>	ondence address (or Cha	•	(1) the names of t	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
	Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney 2 registered patent	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							ocument has been filed for	
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	BBN Technologies Corp. Cambridge, MA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛎 Corporation or other private group entity 🔲 Government							oup entity Government	
	4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.						shown above)	
				The Director is he	t card. Form PTO-203 reby authorized to cha	rge the required fee(s), any de	ficiency, or credit any	
overpayment, to Depósit Account Number 18-1945 (enclose an extra 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.   b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.								
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